

Work Order ID 64874

December 21, 2010 7:43:38 AM



Page 1

Item ID: D3097-5

Accept



Setup Start



Revision ID:

Stop



Item Name: Wall Cover

Start Date: 12/21/10 Start Qty: 1.00



Cust Item ID:

Required Date: 12/24/10 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan:

[Signature]

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D3097

Rev B

100

0.00



HandThermo

Memo

0.00

Hand Finishing Thermoforming

1-Cut Sheet to required Blank size

x1

[Signature]
11/01/04

105

0.00



HandThermo

Dry Material

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 KYDEX

x1

[Signature]
10/01/04

Temp: 150°F

Time IN: 3:00 pm 11/01/03

Time OUT: 7:00 am 11/01/04



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Cust Item ID:

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

110

0.00



Thermoform

Memo

0.00

Thermoforming Machine

1-Machine Set-Up
2-Pre-heat Tool to required temp.
3-Thermoform as per Dwg and Folio #FTA094 using tool DT3097-5
Dwg Rev: B
Folio Rev: A

x1

Dh
11/01/04

120

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

0.00

Quality Control

Visually inspect part for proper formation and texture

x1

Dh
11/01/04

130

QC8- Inspect parts - second check

0.00



QC

Memo

0.00

Quality Control

1

BB
11/01/04

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Item ID: D3097-5

Accept



Setup Start



Revision ID:

Stop



Item Name: Wall Cover

Start Date: 12/21/10 Start Qty: 1.00



Cust Item ID:

Required Date: 12/24/10 Req'd Qty: 1.00

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

140

0.00



HandThermo

Memo

0.00

Hand Finishing Thermoforming

1-Trim to finished dimensions as per Dwg

+ glue on MILLINS 125 NEOPRENE

(M111095)
CONTACT CEMENT

x1

Wh.

11/01/04

PTO →

150

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

0.00

Quality Control

Complete FAI document

x1

Wh.

11/01/04

160

QC5- Inspect part completeness to step on W/O

0.00



QC



Memo

0.00

Quality Control

5/11/04

10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector
11/01/04	150.	ADD STEP. 155. To Read. "Install 0.125" Thick Black NEOPRENE CLOSED CELL FOAM (ACCURATE RUBBER P/N. 451750006) ON SURFACES THAT WILL MATE WITH COMPARTMENT WALLS USING CONTACT CEMENT. (DART P/N. M 4111NS.125) (M 111095)	Whe	11/01/04	N/A.	 11.01.04 GB1 CH2	 11/01/04

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 64874

December 21, 2010 7:43:38 AM



Page 4

Item ID: D3097-5

Accept



Setup Start



Revision ID:

Stop



Item Name: Wall Cover

Start Date: 12/21/10 Start Qty: 1.00



Cust Item ID:

Required Date: 12/24/10 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

170

Identify as per dwg & Stock Location: _____

0.00



Packaging

Memo

0.00

Packaging

11/01/05 *(1)*

180

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

CK *11/01/05*
mf

11-01-05

POSITIVE RECALL

EFFECTIVE *11-01-05*AUTH *lf*

per Lh.

RELEASED *lf*DATE *11-01-05*

Picklist Print

December 21, 2010 11:47:43 AM

Page 1

Work Order ID: 64874

Parent Item: D3097-5

Parent Item Name: Wall Cover



Start Date: 12/21/10

Required Date: 12/24/10

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP A[102.06.18] New Issue [KJ/RFL]
Thermoform In-House 10/12/21 DL

IPP Rev. B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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MKYD100S.080-P1-
52114

Purchased

No

sf

0.0000

11

11



Kydex 100 .080

M 116510



9.667 sq ft.

Wh,
11/01/04

M4111NS. 125

~~FOAM RUBBER.~~

M 114937

1.778 sq ft

Wh,
11/01/04



DESIGN <i>[Signature]</i>	DRAWN BY <i>[Signature]</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3097	REV. B
DATE 02.05.31	TITLE WALL COVER		SHEET 1 OF 4
			SCALE 1:10
A	02.03.17	NEW ISSUE	
B	02.05.31	CHNG THICKNESS; REDESIGN -5; RMV HOLES	

RELEASED
02.06.10 *[Signature]*

do 64874

GENERAL NOTES

1) MAKE FROM TOOLS:

DT3097-1 FOR D3097-1
DT3097-3 FOR D3097-3
DT3097-5 FOR D3097-5

2) MATERIAL: BLACK KYDEX 100, 0.080 THICK

3) INSTALL 0.125" THICK BLACK NEOPRENE CLOSED CELL FOAM (ACCURATE RUBBER P/N 451750006)
ON SURFACES THAT WILL MATE WITH COMPARTMENT WALLS USING CONTACT CEMENT.

4) TOLERANCES AS PER DART QSI 018 UNLESS OTHERWISE NOTED

5) ALL DIMENSIONS ARE IN INCHES

*1.722
sq ft.*

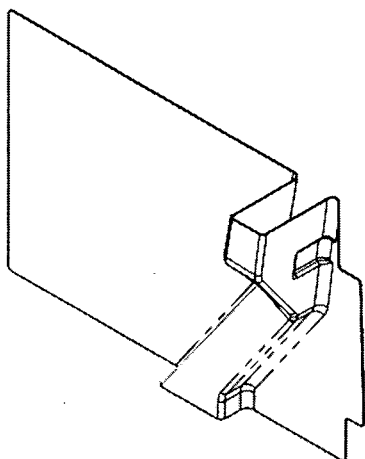
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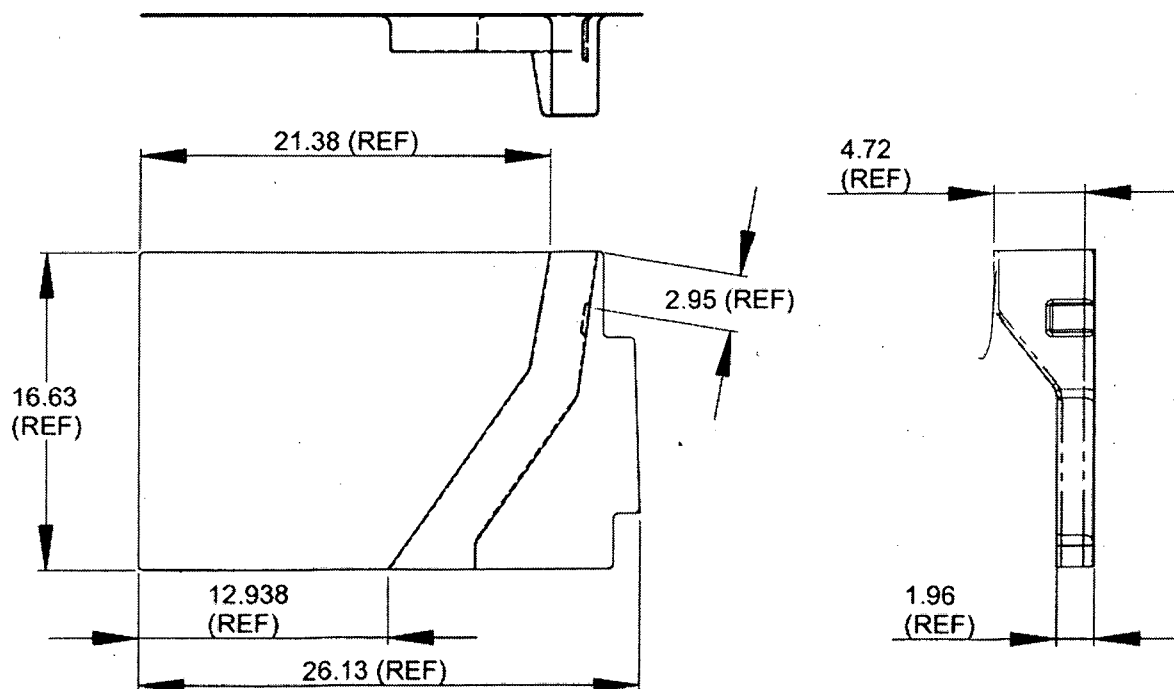
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CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3097	REV. B SHEET 2 OF 4
DATE 02.05.31		TITLE WALL COVER	SCALE 1:10

RELEASED
02.06.10



D3097-1, ISOMETRIC VIEW

64874



D3097-1 WALL COVER

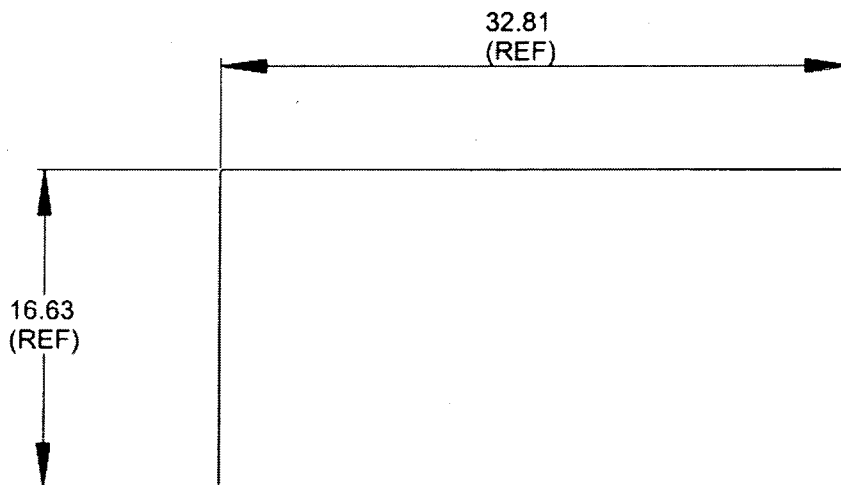
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CHECKED #	APPROVED #	DRAWING NO. D3097	REV. B SHEET 3 OF 4
DATE 02.05.31		TITLE WALL COVER	SCALE 1:10

RELEASED
02.06.10 #



D3097-3 WALL COVER

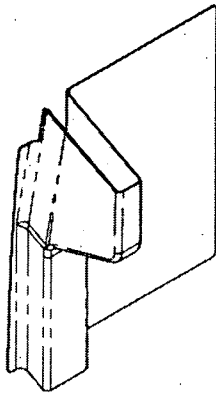
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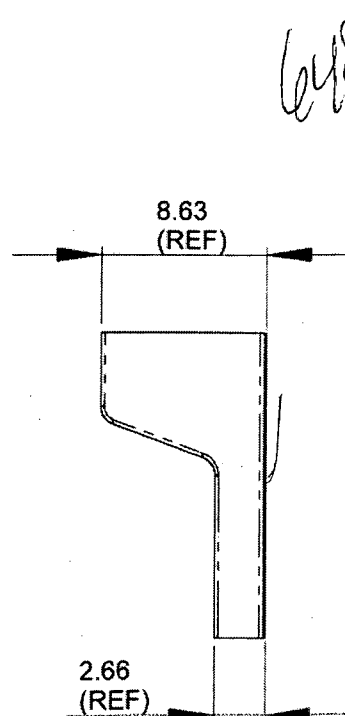
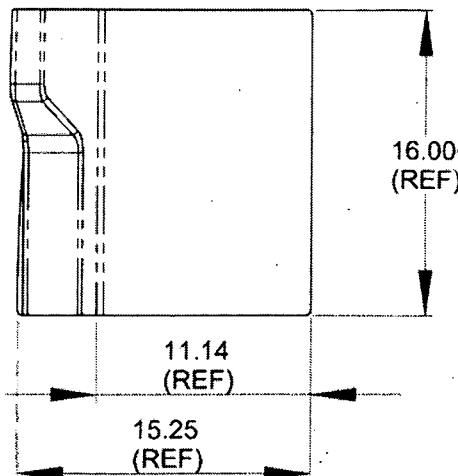
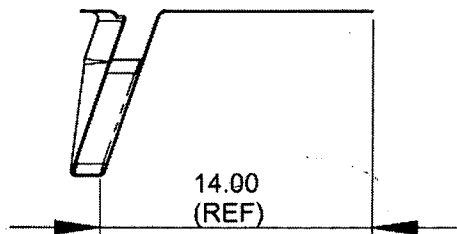


DESIGN <i>[Signature]</i>	DRAWN BY <i>[Signature]</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3097	REV. B
DATE 02.05.31	TITLE WALL COVER		SHEET 4 OF 4
			SCALE 1:10

RELEASED
R (02.06.00) *[Signature]*



D3097-5, ISOMETRIC VIEW



D3097-5 WALL COVER

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DART AEROSPACE LTD		Work Order:	64874
Description:		Part Number:	D3092-5
Inspection Dwg: D3097 Rev: B.		Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than _____	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: <u>Wh.</u>	Date: <u>11/01/04</u>
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TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
16.14	Ref	11.25	✓			} OK 11.01.04
15.25	Ref	15.5	✓			
16.00	Ref	16.25	✓			

Measured by: <u>Wh.</u>	Date: <u>11/01/04</u>
-------------------------	-----------------------

Audited by: <u>S</u>	Date: <u>11/01/04</u>
----------------------	-----------------------

Preliminary Approval: _____	Date: _____
-----------------------------	-------------

Rev	Date	Change	Revised by	Approved
B	10.04.14	Added preliminary approval	KJ	

10.04.14

Chris Provencal

From: David Shepherd <dshepherd@dartaero.com>
Sent: January 4, 2011 2:31 PM
To: 'Chris Provencal'; 'L Lacelle'
Cc: 'Mike Petsche'; 'Marc Bellavance'
Subject: RE: D3097 wall cover

Yes ... this is acceptable.

David

From: Chris Provencal [mailto:cprovencal@dartaero.com]
Sent: Tuesday, January 04, 2011 11:46 AM
To: 'David Shepherd'; 'L Lacelle'
Cc: 'Mike Petsche'; 'Marc Bellavance'
Subject: RE: D3097 wall cover

David,

On the back of the wall covers is a layer of neoprene sheet. The dwgs call for Accurate P/N 451750006.

What we have in stock is M-4111N-S, which purchases Accurate p/n IV1-02 (prior to 2009, it purchased 451750006), which is used in the 350 spacepod floor.

I'm assuming this is an acceptable to use the M-4111N-S mat'l based on similarity to the 350 Spacepod.

-Chris

From: David Shepherd [mailto:dshepherd@dartaero.com]
Sent: January 3, 2011 11:58 AM
To: 'Marc Bellavance'; 'L Lacelle'
Cc: 'Mike Petsche'; 'Eric Downing'; 'Chris Provencal'
Subject: RE: D3097 wall cover

Linda,

Further to my last email, the dwg specifies "Black Kydex 100", so it is acceptable to use the #52000 rather than the #52114 which was requested on the PO since neither the dwg or the substantiation was specific about the type of Kydex 100 that was going to be used. From the customer's point of view, the parts should look similar to what he has received before.

And just in case anybody's wondering, there is no way that we would get away with this if the project were done today.

Thanks,
David

From: Marc Bellavance [mailto:mbellavance@dartaero.com]
Sent: Monday, January 03, 2011 10:55 AM
To: L Lacelle
Cc: David Shepherd; Mike Petsche; Eric Downing
Subject: Re: D3097 wall cover